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CONFIRMATION NO. 8701

Bib Data Sheet

SERIAL NUMBER 10/019,563	FILING DATE 07/01/2002 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. JM-050 CON
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/SE00/01369 06/28/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

SWEDEN 9902455-6 06/29/1999

*NOT Reexamined  
8/19/05*

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY SWITZERLAND	SHEETS DRAWING 5	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Examiner's Signature</i>	Initials			

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**TITLE**

Device and method for treatment of mitral insufficiency

FILING FEE RECEIVED 1450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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